

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) K 3126 - sch/msl

Box No. I TITLE OF INVENTION

Diagnostic conjugate useful for intracellular imaging and for differentiating between tumor- and non-tumor cells

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Deutsches Krebsforschungszentrum
Stiftung des öffentlichen Rechts
Im Neuenheimer Feld 280
D-69120 Heidelberg

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BRAUN, Klaus
Bruchhausen 1B
D-69207 Sandhausen

This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

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☐ all designated States

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☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SCHÜßLER, Andrea
Kanzlei Huber und Schüssler
Truderinger Strasse 246
D-81825 München

Telephone No.

089 / 43 77 88-0

Facsimile No.

089 / 43 77 88-99

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DEBUS, Jürgen
Kreuzstrasse 12
D-76698 Stettfeld

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

✓

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

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JENNE, Jürgen
Seckenheimer Strasse 98
D-68239 Mannheim

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

✓

State (that is, country) of nationality:

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HECKL, Stefan
Steubenstrasse 28
D-69120 Heidelberg

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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PIPKORN, Rüdiger
Adolf-Rauch-Strasse 3
D-69124 Heidelberg

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RASTERT, Ralf
Kaiergäßlein 1
D-74821 Mosbach

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WALDECK, Waldemar
Tilsiter Strasse 49
D-69514 Laudenberg

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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BRAUN, Isabell
Höhenweg 13
D-35091 Cölbe-Bürgeln

This person is:

- ☒ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LV Latvia | |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MN Mongolia | |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GD Grenada | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GE Georgia | | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- ☒ Seychelles
- ☒ Saint Vincent and the Grenadines

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) January 22, 2002 (22.01.02)	02 001 506.1		EPO Munich	
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☒ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) the following number of sheets in paper form:

request (including declaration sheets) : 6
 description (excluding sequence listing part) : 18
 claims : 2
 abstract : 1
 drawings : 4

Sub-total number of sheets : 31

sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) :

Total number of sheets : 31

(b) sequence listing part of description filed in computer readable form

(i) ☐ only (under Section 801(a)(i))(ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☐ fee calculation sheet :
2. ☐ original separate power of attorney :
3. ☐ original general power of attorney :
4. ☐ copy of general power of attorney; reference number, if any: :
5. ☐ statement explaining lack of signature :
6. ☐ priority document(s) identified in Box No. VI as item(s): :
7. ☐ translation of international application into (language): :
8. ☐ separate indications concerning deposited microorganism or other biological material :
9. ☐ sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))
 - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :
 - (ii) ☐ (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column :
10. ☐ other (specify): :

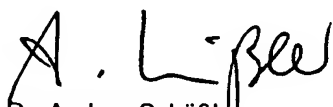
Figure of the drawings which should accompany the abstract:

Language of filing of the international application: english

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Munich, January 22, 2003


 Dr. Andrea Schüßler

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

ERFINDERNENNUNG / DESIGNATION OF INVENTOR / DESIGNATION DE L'INVENTEUR

(falls Anmelder nicht oder nicht allein der Erfinder ist) / (where the applicant is not the inventor or is not the sole inventor) / (si le demandeur n'est pas l'inventeur ou l'unique inventeur)

Zeichen des Anmelders oder Vertreters
Applicant's or representative's reference
Référence du demandeur ou du mandataire
(max. 15 Positionen / max. 15 spaces /
15 caractères au maximum)

K 3034EP - sch/msl

Nr. der Anmeldung oder, falls noch nicht bekannt, Bezeichnung der Erfindung
Application N° or, if not yet known, title of the invention
N° de la demande ou, si ce dernier n'est pas encore connu, titre de l'invention

02 001 506.1

In Sachen der obenbezeichneten europäischen Patentanmeldung nennt (nennen) der (die) Unterzeichnete(n)¹
In respect of the above European patent application I (we), the undersigned¹
En ce qui concerne la demande de brevet européen susmentionnée le (s) soussigné(s)¹

Deutsches Krebsforschungszentrum
Stiftung des öffentlichen Rechts
Im Neuenheimer Feld 280
69120 Heidelberg

als Erfinder²:

do hereby designate as inventor(s)²:
désigne(nt) en tant qu'inventeur(s)²:

- | | |
|--|--|
| 1) Dr. Klaus Braun
Bruchhausen 1B
69207 Sandhausen | 4) Stefan Heckl
Steubenstr. 28
69120 Heidelberg |
| 2) Prof. Dr. Jürgen Debus
Kreuzstraße 12
76. 698 Stettfeld | 5) Dr. Rüdiger Pipkorn
Adolf-Rauch-Str. 3
69124 Heidelberg |
| 3) Dr. Jürgen Jenne
Seckenheimer Str. 98
68239 Mannheim | 6) Ralf Rastert
Kaiergäßlein 1
74821 Mosbach |

☐ (Weitere Erfinder sind auf einem gesonderten Blatt angegeben) / (Additional inventors indicated on supplementary sheet) /
(les autres inventeurs sont mentionnés sur une feuille supplémentaire).

s. Seite 2

Der (Die) Anmelder hat (haben) das Recht auf das europäische Patent erlangt³
The applicant(s) has (have) acquired the right to the European patent³
Le(s) demandeur(s) a (ont) acquis le droit au brevet européen³

☐ gemäß Vertrag vom _____
under an agreement dated _____
par contrat en date du _____

☒ als Arbeitgeber
as employer(s)
en qualité d'employeur(s)

☐ durch Erbfolge
as successor(s) in title
par transfert successoral

Ort/Place/Lieu

Heidelberg

Datum/Date

6. März 2002

Unterschrift(en) des (der) Anmelder(s) oder Vertreter(s) /
Signature(s) of applicant(s) or representative(s) /
Signature(s) du (des) demandeur(s) ou du (des) mandataire(s)

Prof. Dr. med. H. zur Hausen

Dr. rer. pol. J. Puchta

Name des Unterzeichners und die Stellung wiederholen. Bei juristischen Personen bitte die Stellung des (der) Unterzeichneten innerhalb der Gesellschaft mit Schreibmaschine angeben / Please type name under signature in case of legal persons, the position of the signer within the company should also be typed / Le ou les noms des signataires doivent être également dactylographiés. S'il s'agit d'une personne morale, la position occupée au sein de celle-ci par le ou les signataires sera indiquée à la machine à écrire

Seite 2 der Erfinderbenennung

7) Dr. Waldemar Waldeck
Tilsiter Straße 49
69514 Laudenbach

8) Dr. Isabell Braun
Höhenweg 13
35091 Cölbe-Bürgeln